

## Report Request Form

Requestor:	Phone:
Department:	Email:
Date Requested:	Date Due:
Purpose of Report:	

General Description:

WHO—Study Population:			
WHEN—Time Period for Request—Start Date:		Stop Date:	
WHAT—Fields in Report:			

*Note: The most frequently requested fields are listed on the back of this page.*

Statistics Needed:				
Report Output:	<input type="checkbox"/> Word	<input type="checkbox"/> Excel	<input type="checkbox"/> WordPad	<input type="checkbox"/> PowerPoint

Type of Report:	<input type="checkbox"/> Crosstab (numbers/totals)	<input type="checkbox"/> Detail Listing (raw data)
	<input type="checkbox"/> Descriptive Stats (mean/modes)	<input type="checkbox"/> Group Reports (Activity/Dashboard)
	<input type="checkbox"/> Single Patient Print (Word Merge)	<input type="checkbox"/> Export (raw data file)

Sketch of Report:

## Common Fields Used In Reporting

<input checked="" type="checkbox"/>	<i>Field Name</i>	<input checked="" type="checkbox"/>	<i>Field Name</i>
	ADM_SVC		OUTCOME
	AGE_NUMBER		PARALYTICS
	AGE_UNITS		PATIENT_NUMBER
	AIS		PAYMENT_SOURCE
	AIS_CODE		PROCEDURE_ICD9
	AUTOPSY		PROCEDURE_ICD10
	CATEGORY		PROCEDURE_PROVIDER
	CAUSE_CODE		PROCEDURE_START_DATE
	CAUSE_E_CODES		PROCEDURE_START_TIME
	COMP_TYPE		PROTECTIVE_DEVICES
	COUNTY_STATE		PROVIDER_RESPONSE
	DC_DESTINATION_CODE		PULSE
	DC_DISPOSITION_CODE		RACE
	DIAGNOSES		REFERRING_ADMIT_TYPE
	DISCHARGE_DATE		REFERRING_ARRIVAL_DATE
	DISCHARGE_TIME		REFERRING_ARRIVAL_TIME
	DOB		REFERRING_DISCHARGE_DATE
	ED_DC_TIME		REFERRING_DISCHARGE_TIME
	ED_DISPOSITION_CODE		REGION
	ER_TIME		RESP_RATE
	ETOH		RES_CITY
	EV		RES_COUNTY_STATE
	EXTRICATION		RES_STATE
	EYE_OPENING		RISK_TYPE
	FROM_HOSPITAL		RPS2
	GLASCOW		RTS1
	HOSPITAL_ARRIVAL_DATE		RTS2
	HOSPITAL_ARRIVAL_TIME		SEX
	HOSPITAL_TRANSFER		SYS_BP
	ICD9		TEMPS
	ICD10		TOTAL_CHARGE
	INDUSTRY_TYPE		TOTAL_DAYS_ICU
	INDUST_ACC		TOX
	INJURY_DATE		TOX_TES
	INJURY_DETAILS		TRACKING_NO
	INJURY_TIME		TRANS
	INJURY_TIME_KNOWN		TRANSFER_MODE
	INJURY_ZIP		TRANSPORT_AGENCY_CODE
	INSTITUTE_NO		TRANSPORT_LEVEL
	INTUBATED		TRANSPORT_METHOD
	ISS		TRANSPORT_ORIGIN
	LOCATION		TRANSPORT_SEQ
	MEDICAL_RECORD_NUMBER		TRAUMA_TYPE
	MOTOR_RESPONSE		TRIAGE_CODES
	NAME		VALIDATION_DATE
	NEAREST_TOWN		VENTDAYS
	NOTIFY_DATE		VERBAL_RESPONSE
	NOTIFY_TIME		ZIP_CODE
	OCCUPATION		